

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587735

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6	/					
7						
8						
9						
10						
11	/					
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16	/					
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26	/					
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37	/					
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41	/					
42						
43						
44						
45						
46	/					
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55	/					
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63	/					
64		/				
65		/				
66		/				
67	/					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	23	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	84					